

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL

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DATE RECEIVED

Prefix

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

UNITORMI LIMITED OFFERING EXEMI	11011
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
SV - Federal Northgatge, LLC Membership Interests Filing Under (Check box(es) that apply): Rule 504 Rule 505 KX Rule 506 Section 4(6)	ET III OF SCOTTED CON
Type of Filing: New Filing Amendment	KA OCOC
AAA C	<< AN 20 2000
A. BASIC IDENTIFICATION DATA	4 2002
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	(65/55)
SV - Federal Northgate, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
385 Inverness Drive South, #460, Englewood, CO 80112	303-221-7889
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	***************************************
Real Estate Venture Fund	260
Type of Business Organization	PROCESSE
	lease specify):
business trust limited partnership, to be formed	JUL 3 0 2002
Month Year Actual or Estimated Date of Incorporation or Organization: 0 6 0 2 ExtActual Estim	nated TLIOACO
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	11101012010
CN for Canada; FN for other foreign jurisdiction)	FINANCIAL
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	49.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Se are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	

appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past five years;	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the	issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and	
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner	
Full Name (Last name first, if individual)	
SV Capital Partners, LLC	
Business or Residence Address (Number and Street, City, State, Zip Code)	
385 Inverness Drive South, #460, Englewood, CO 80112	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Cooley, Mark S.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
385 Inverness Drive South, #460, Englewood, CO 80112	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Brewster, D. Michael	
Business or Residence Address (Number and Street, City, State, Zip Code)	
385 Inverness Drive South, #460, Englewood, CO 80112	
Check Box(es) that Apply: Promoter Beneficial Owner XX Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Bove, Thomas F.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
385 Inverness Drive South, #460, Englewood, CO 80112	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

750 891 701, 1					B. I	NFORMAT	ION ABOU	T OFFER	ING			W. F.	Branch Lin
1	Han tha											Yes	No
1.	Has the	s issuer son	i, or does t							-	***************************************		X
2.	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?										r EA	000	
۷.	W Hat IS	the minim	ium investi	iiciii tiiat v	viii be acce	pied from	any muivi	Juai?	****************		•••••••	ֆ <u> ೨೦</u> Yes	,000_
3.	Does th	e offering	permit join	t ownersh	ip of a sing	gle unit?				······		X	No □
4.	Enter th	ne informat	ion reques	ted for each	h person v	who has be	en or will	be paid or	given, dire	ectly or ind	lirectly, any	,	
	If a pers	son to be lis	ted is an as:	sociated pe	erson or ag	ent of a bro	ker or deale	er registere	d with the S	SEC and/or	the offering. with a state	;	
	If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc									sons of such			
Ful	a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
	N/A		····-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Bus	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						T-b-b-sh-fit-s-
Nar	ne of As	sociated Br	oker or De	aler					,,,, ,,,,				
							• .						
Stat			Listed Has										
	(Check "All States" or check individual States)												1 States
	AL	AK	AZ	AR	CA	CO	$\overline{C}T$	DE	DC	FL	GA	HI	[D]
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE I	NV	NH	NJ	NM	NY	NC	ND	OH	OK.	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
								4					
Nan	ne of Ass	sociated Br	oker or De	aler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			· ····			
	(Check	"All States	" or check	individual	States)					•••••		☐ Al	l States
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	TL)	IN	IA]	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (1	Last name	first, if indi	vidual)					, , , , , , , , , , , , , , , , , , , ,			*	
				•		-							
Bus	iness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)			ř			
Nan	ne of Ass	ociated Br	oker or Dea	aler			,						
<u></u>	:- W/h	iah Danaa	Listed Has	Caliaitad	au Intende	to Calinit	Dunchagana						
Stat			" or check									☐ All	l States
	, C1100K												
	[AL]	AK	AZ	AR	CA V	CO	CT .	DE	DC	FL	GA DO	HI	ID .
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	(MI) OH)	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	•			
	aiready exchanged.	Aggregate		Amo	unt Already
	Type of Security	Offering Pric	e		Sold
	Debt	\$		\$	
	Equity	\$		\$	
	Common Preferred				
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests				
	Other (Specify <u>Membership Interests</u>				
	Total				J,000_
	Answer also in Appendix, Column 3, if filing under ULOE.	Ψ		.	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Number Investors		Dolla	ggregate ar Amount Purchases
	Accredited Investors	5		\$ 32	5,000
	Non-accredited Investors		_	\$	
	Total (for filings under Rule 504 only)				
	Answer also in Appendix, Column 4, if filing under ULOE.			·	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	3			
	Type of Offering	Type of Security			lar Amount Sold
	Rule 505		_	\$	
	Regulation A			\$	
	Rule 504				
	Total			\$	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs		ΓX	\$	1,000
	Legal Fees		_X	\$	2,000
	Accounting Fees			\$	1.000
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify) Filing Fees		<u> </u>	\$	500
	Total		X	<u>-</u>	4.500
	10111	******	Δi	Ψ	UUU

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C —	Question 4.a. This difference is the "adjusted gross			
5.	Indicate below the amount of the adjusted gross proceeds to the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	oceed to the issuer used or proposed to be used for by purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		\$ <u>745,500</u>	
			Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees			<u></u> \$	
	Purchase of real estate			<u></u> \$	
	Purchase, rental or leasing and installation of mac and equipment	chinery	¬ \$	\$	
	Construction or leasing of plant buildings and fac				
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	¬\$	□\$	
	Repayment of indebtedness				
	Working capital				
	Other (specify): Real Estate Venture	<u>Investments</u> [
			\$	\$	
	Column Totals	[X \$ 745,500	
	Total Payments Listed (column totals added)		፟ \$	45,500	
		D. FEDERAL SIGNATURE			
sign	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Commis	sion, upon writte		
Issu	uer (Print or Type)	Signature Jan I	Date 7 7	~A7	
	SV - Federal Northgate, LLC	1 / / / / /	7-26	02	
Nai	ne of Signer (Print or Type) Thomas F. Bove	Title of Signer (Print or Type) Manager of the Manager			

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 p provisions of such rule?	resently subject to any of the disqualification	Yes	No
	See	Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as requir	furnish to any state administrator of any state in which this notice is fi ed by state law.	led a no	tice on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	o furnish to the state administrators, upon written request, informati	ion furn	ished by the
4.	limited Offering Exemption (ULOE) of the s	ssuer is familiar with the conditions that must be satisfied to be entitate in which this notice is filed and understands that the issuer clain hing that these conditions have been satisfied.		
	uer has read this notification and knows the cont thorized person.	ents to be true and has duly caused this notice to be signed on its behal	f by the	undersigned
	Print or Type) - Federal Northgate, LLC	Signature Thom 7-26-6	22	
Name (Print or Type)	Title (Print or Type)		

Manager of the Manager

Instruction:

Thomas F. Bove

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 1 2 3 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price Type of investor and amount purchased in State explanation of to non-accredited waiver granted) offered in state investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Investors Amount Investors Amount Yes No State Yes No AL ΑK ΑZ AR CA\$750,000 Memb.Interests CO \$325,000 CT DE DC FL $\mathsf{G}\mathsf{A}$ HI ID ΙL IN IA KS. KY LA ME MD MA MI MN MS

APPENDIX

1		2	3			4		5 Discus			
	to non-a	i to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МО											
MT											
NE											
NV											
NH											
NJ											
NM							•				
NY											
NC								:			
ND		·									
ОН											
OK											
OR								-			
PA			·			F					
RI											
SC	-										
SD						· · · · · · · · · · · · · · · · · · ·					
TN TX			·								
UT			·						·		
VT	-										
VA											
WA											
WV								-			
WI											
			,								

				APP	ENDIX				
1	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 f investor and rchased in State C-Item 2)		5 Disqualificate under State U (if yes, attace explanation waiver gran) (Part E-Item	
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No
WY									
PR									